

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42383  
Registrar's No. 10697

|   |                                  |  |  |   |  |  |  |
|---|----------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. <b>10697</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Mo.</b>   |                                  | c. LENGTH OF STAY (In this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>                                      |  | <b>2149</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>  |                                  |  |  | d. STREET ADDRESS (If rural, give location)<br><b>5723 Devonshire Ave.</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>IDA</b>   |                                  | b. (Middle) <b>M.</b>  |  | c. (Last) <b>HOFFMAN</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>December 13th, 1950</b>  |  |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOW</b>                                 |  | 8. DATE OF BIRTH<br><b>June 30, 1870</b>  |  | 9. AGE (In years last birthday) <b>80</b><br>If under 1 year: Months _____ Days _____ Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis, Missouri.</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Henry Koch</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Albright</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>deceased</b>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mr. Edward O. Hoffman 5723 Devonshire</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                       |                                  |  |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH   |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia</b>  |                                  |  |  |   |  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |  |  |   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                  |  |  |   |  |  |  |
| 19a. DATE OF OPERATION _____  |                                  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>772X</b>   |  |  |  |
| 22. I hereby certify that I attended the deceased from _____, to <b>12/13/50</b> , 19____, that I last saw the deceased alive on <b>12/13/50</b> , 19____, and that death occurred at <b>9:20pm</b> m., from the causes and on the date stated above. |                                  |  |  |   |  |  |  |
| 23a. SIGNATURE<br><b>W. Spencer Payne</b>   |                                  |  |  | 23b. ADDRESS<br><b>1515 Lafayette Ave.,</b>   |  | 23c. DATE SIGNED<br><b>12/14/50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>12-16-50.</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Friedens Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri.</b>                                 |  |
| DATE REC'D BY LOCAL REG.<br><b>DEC 15 1950</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. B. Basala</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>                                     |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Homer H. Jantz*

Signed .....  
Student Embalmer

Licensed Embalmer No. *3882*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.